

# Concepts of Benefits Analysis & Using the BenMAP-CE Tool



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# Disclaimer

The views expressed are those of the authors and do not necessarily reflect the views or policies of the U.S. EPA.

# Today's Discussion

*Objective: Share how the U.S. EPA conducts benefits analysis using BenMAP-CE and how it can be applied across communities*

Health Benefits Background

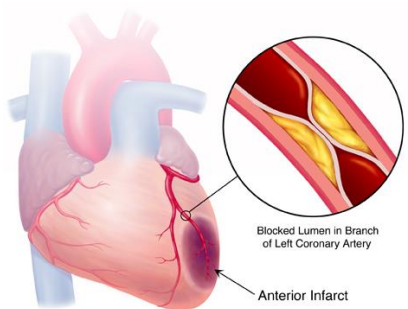
Introduction to BenMAP-CE

Local-Scale Application

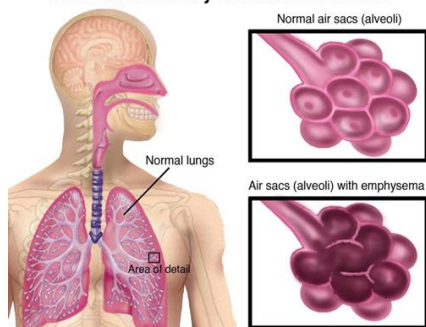
# What are the Benefits of Improved Air Quality?

## Reduces Health Risks

- Missed work
- School absences
- Hospital admissions
- Bronchitis
- Asthma attacks
- Heart attacks
- Chronic disease
- Premature death



Chronic Pulmonary Obstructive Disorder



## Improves Environmental Quality

- Visibility
- Forest and crop yields
- Water quality
- Habitat
- Less acid deposition
- Less leaf damage



Same view...



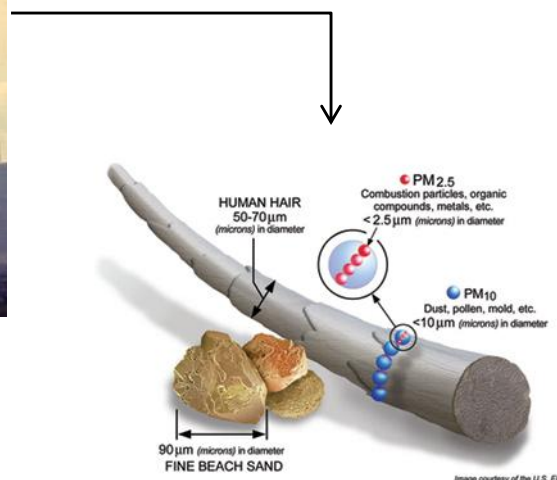
...on a **Bad Day**

...on a **Good Day**

# How Can Air Pollution Affect Health?

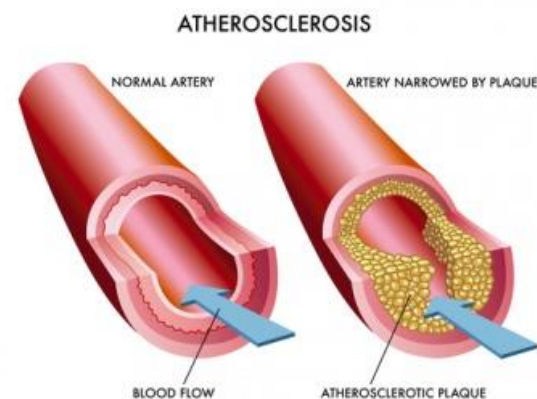


Industrial emissions



Fine particles

Clinical and Toxicological Research -  
Establishing the Biological Mechanisms

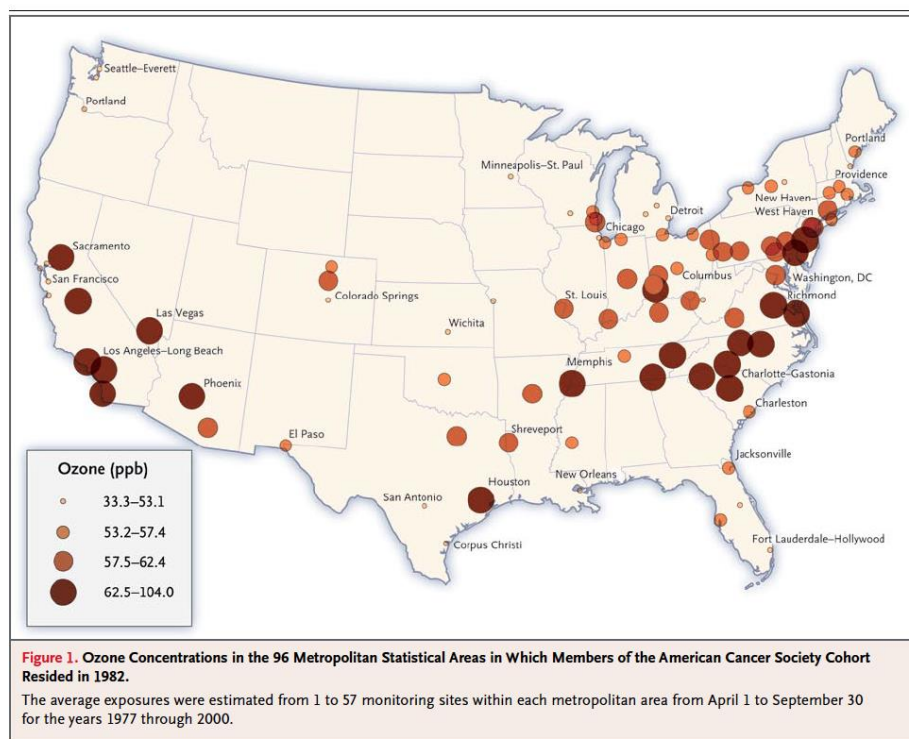


Human health impacts

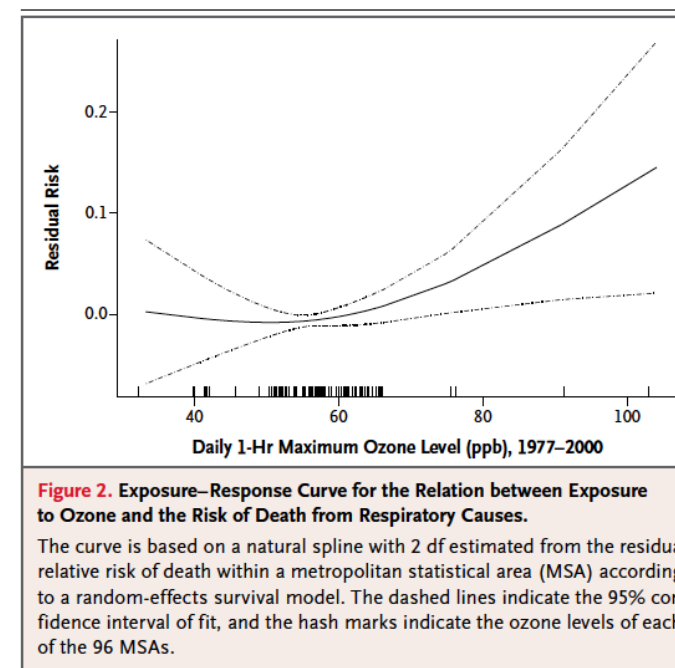
# Epidemiological Research

## Quantifying the Magnitude of the Risk

Changes in Exposure  
(PM<sub>2.5</sub> and Ozone)



Concentration-Response Relationship  
“Health Impact Function”



$$\Delta Y = Y_o (1 - e^{-\beta \Delta PM}) * Pop$$

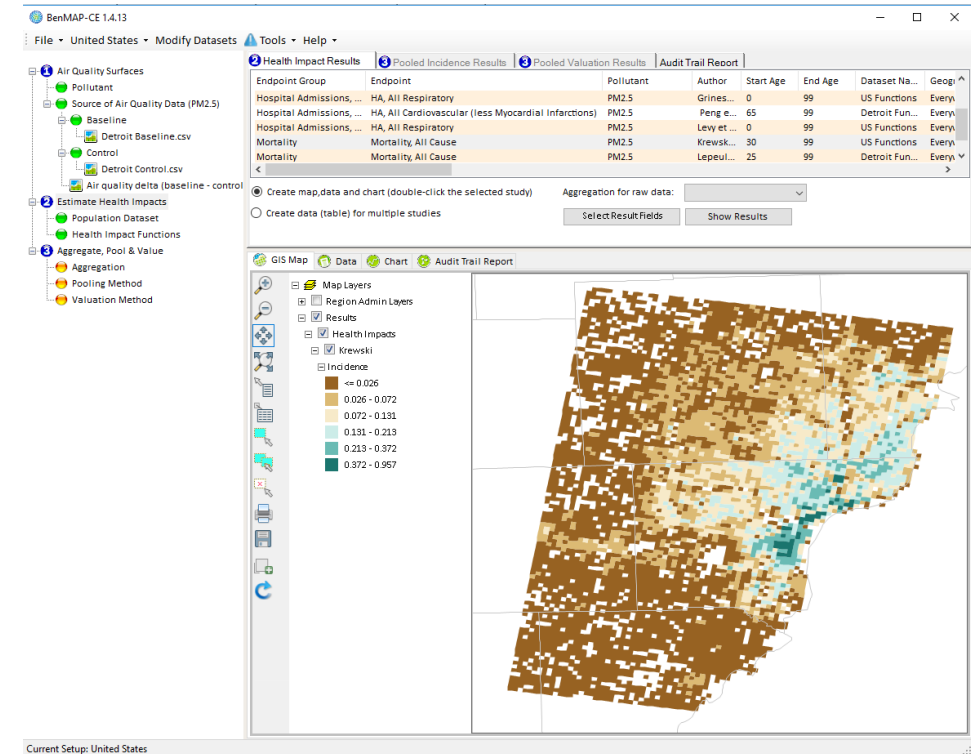


# How does EPA estimate the health impacts associated with improved air quality?

## U.S. EPA's Environmental Benefits Mapping and Analysis Program – Community Edition (BenMAP – CE)

Free and open source program that allows users to use data supplied by EPA or their own data to estimate the health and economic benefits of various air quality scenarios

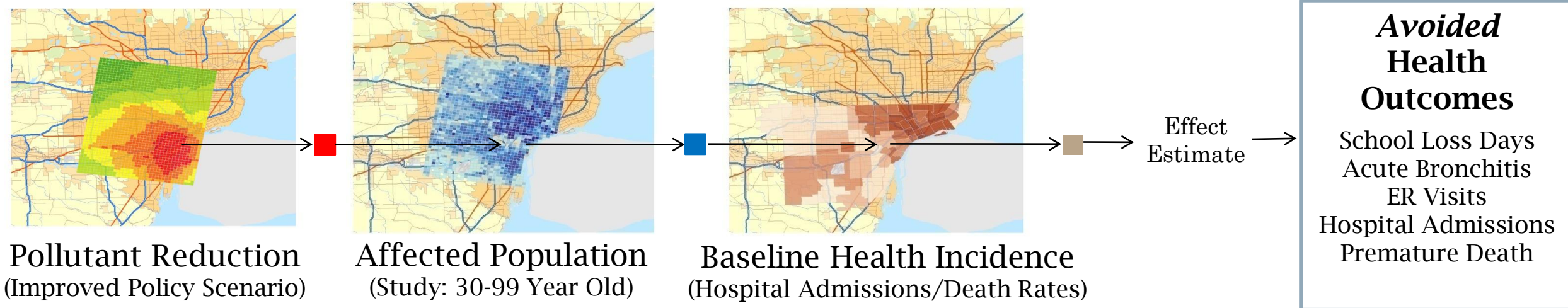
<https://www.epa.gov/benmap>



# Steps to Calculating Health Impacts

Effect Estimate  
(Concentration-Response Function)

$$\Delta Y = Y_0 (1 - e^{-\beta \Delta PM}) * Pop$$





# Air Quality Data

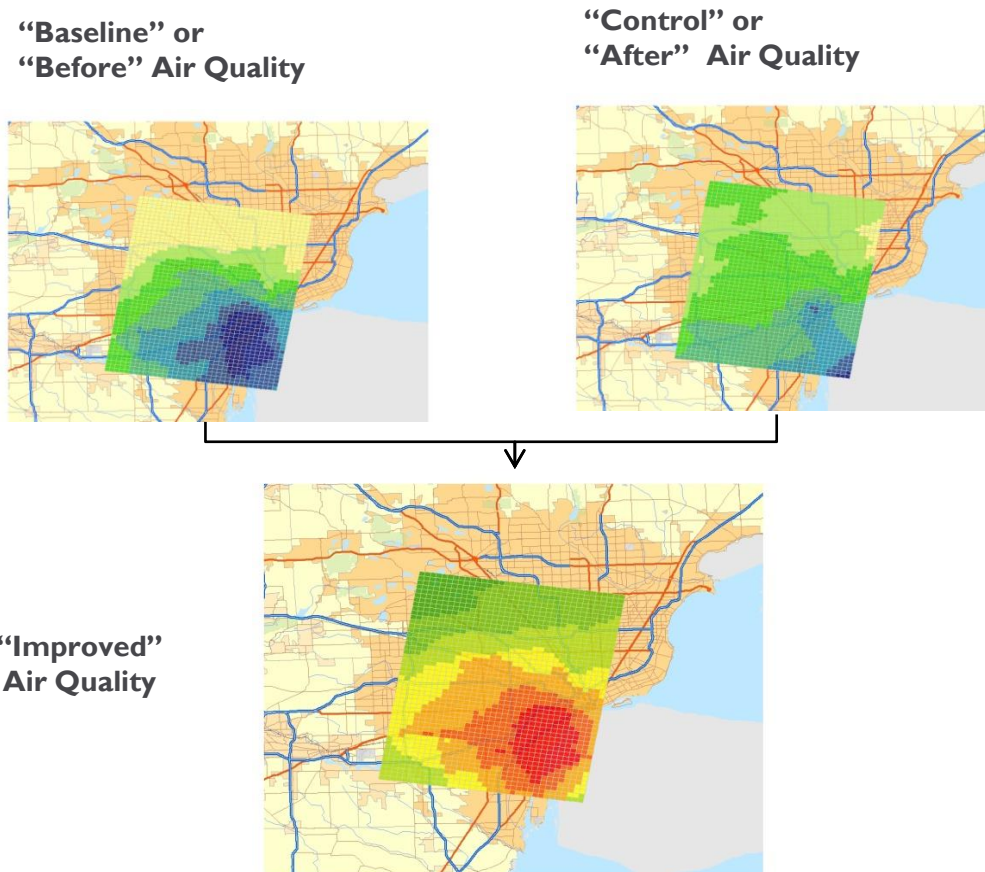
$$\Delta Y = Y_o (1 - e^{-\beta \Delta PM}) * Pop$$

BenMAP-CE will accept:

- Photochemical grid model data
- User-provided or built-in monitoring data, which it interpolates to create a surface
- “Rolled-back” monitoring data that simulates a concentration change

BenMAP-CE requires:

- “Baseline” and “control” surfaces and calculates the incremental *difference* between those surfaces



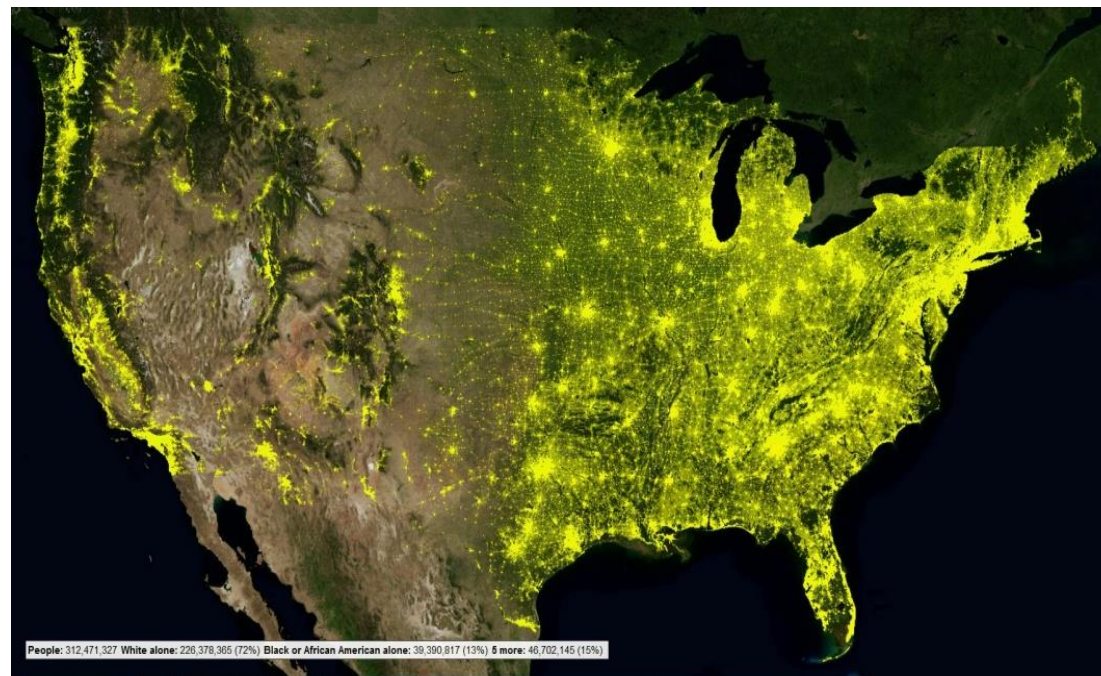
# Population Data

BenMAP-CE includes:

- U.S. population by age/sex/race/ethnicity
- Population projections for each year from 2000 to 2040
- 12 x 12 km grids or county-level resolution

User can also add their own population data

$$\Delta Y = Y_o (1 - e^{-\beta \Delta PM}) * \text{Pop}$$



# Baseline Incidence Rates

$$\Delta Y = Y_o (1 - e^{-\beta \Delta PM}) * Pop$$

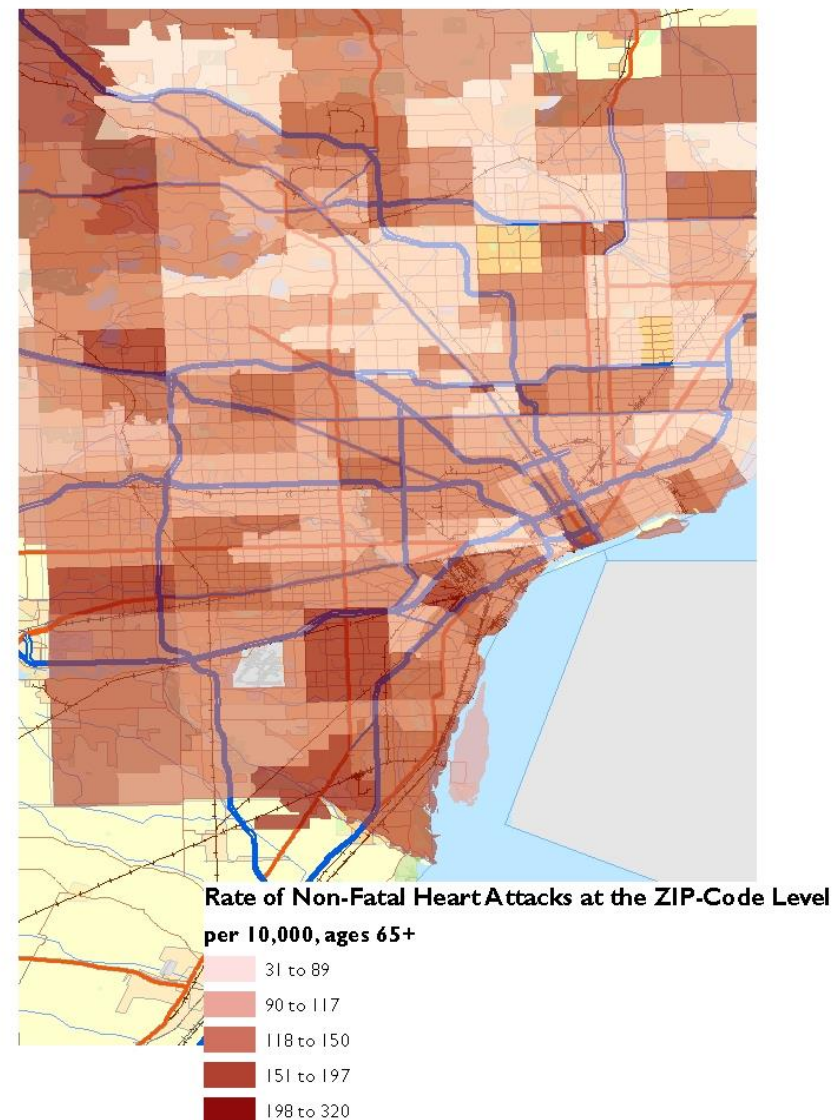
BenMAP-CE contains baseline incidence rates matched to each health impact function in the United States

- Mortality projections every 5-years from 2000 to 2050 in U.S.
- Morbidity only for 2000/2007/2014

For the U.S., the spatial resolution of pre-loaded rates vary by endpoint

- Premature mortality: by county
- Acute bronchitis: national-level
- Hospital and ER: some state and county rates available

Can add your own baseline incidence and prevalence rates



# Health Impact Functions

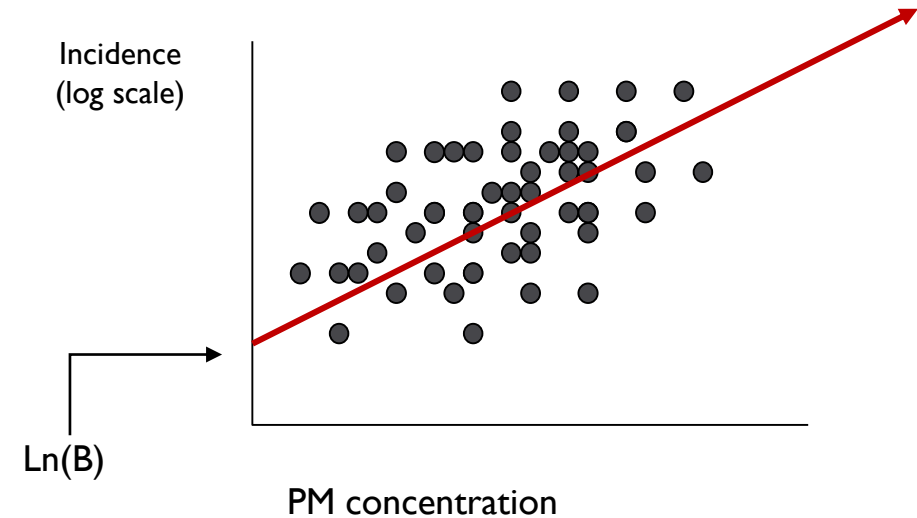
BenMAP-CE contains over 100 health impact functions for the U.S. and from overseas

Users can use EPA's default functions for Ozone and PM<sub>2.5</sub>

- EPA's previous functions for NO<sub>2</sub>, SO<sub>2</sub>, and lead are also available

Users can add and edit their own health impact functions using the function editor

$$\Delta Y = Y_0 (1 - e^{-\beta \Delta PM}) * Pop$$



*Example:*

*“The authors estimate a 3% increase in deaths for every 10 µg/m<sup>3</sup> increase in outdoor PM<sub>2.5</sub> from the previous day.”*



# The End Result: Health Impact Estimates

## “Avoided Adverse Outcomes”

Health Endpoint	Cases/Year
Lost Work Days (18-64) Ostro (1987)	1200 (1100-1400)
Asthma Exacerbation (6-18) Ostro et al. (2001), Mar et al. (2004)	271 (34-540)
Lower Respiratory Symptoms (7-14) Schwartz and Neas (2000)	180 (88-280)
Acute Bronchitis (8-12) Dockery et al. (2006)	14 (-.52-29)
Emergency Rooms Visits for Asthma (0-99) Glad et al. Mar et al. Slaughter et al. (2012)	5.5 (-.95-11)
All Cardiovascular Hospital Admissions (65-99) Zanobetti et al. (2009), Bell et al.2008, Peng et al. (2009)	1.9 (.88-3.7)
All Respiratory Hospital Admissions (65-99) Zanobetti et al. (2009), Kloog et al. (2012)	1.60 (-.70-3.2)
Premature Mortality (30-99) Krewski et al. (2009)	10 (7.5-13)

# The South Carolina Project

## A Local-Scale Analysis using BenMAP-CE

### Project Goals:

Maximize both health benefits and air quality improvements.

Identify local control strategies to reduce both ozone and PM<sub>2.5</sub> precursor emissions while also reducing air toxics

Establish regional “air quality coalitions,” engaging local communities in areas of the state that have issues with air quality.



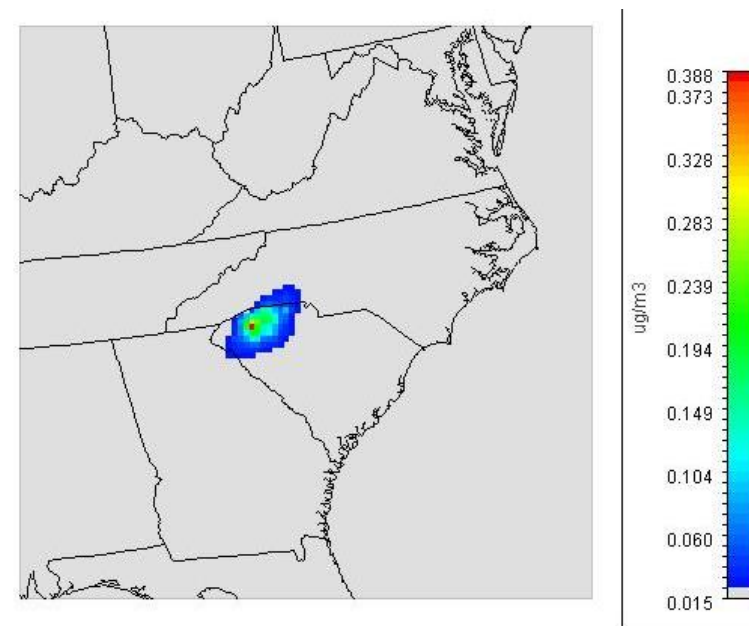


# The South Carolina Project

## A Local-Scale Analysis using BenMAP-CE

### Project Details:

1. Control measures and their costs were identified.
2. Air quality modeling was conducted to assess emission reduction effects on ozone, PM<sub>2.5</sub>, and other pollutants.
3. Risk exposure was assessed using the 2011 National Air Toxics Assessment (NATA) and BenMAP-CE.



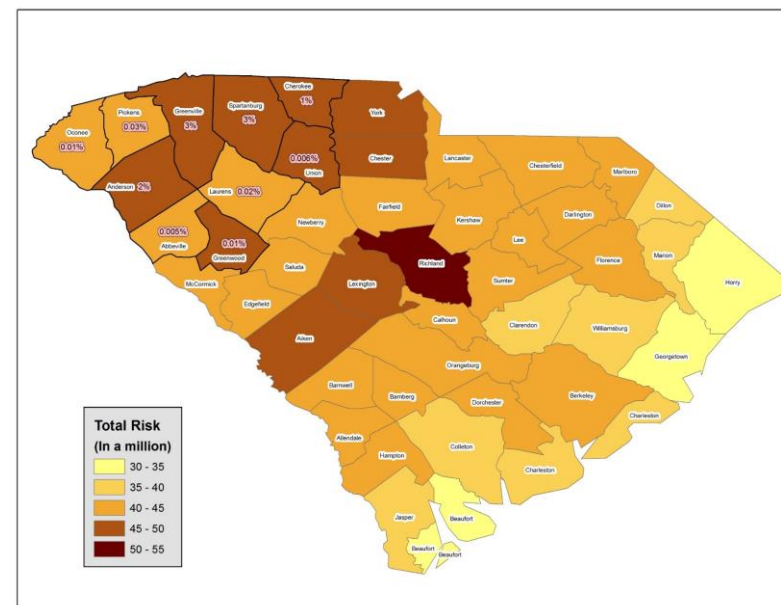
# Lessons Learned

Improving air quality in areas already attaining the EPA Standards can still yield significant health benefits. (SC Project 5:1 benefit to cost ratio)

Reducing PM<sub>2.5</sub> and Ozone also has a co-benefit: reductions in air toxics

Local area perspective and expertise play a large role in successfully implementing any voluntary emissions reduction program.

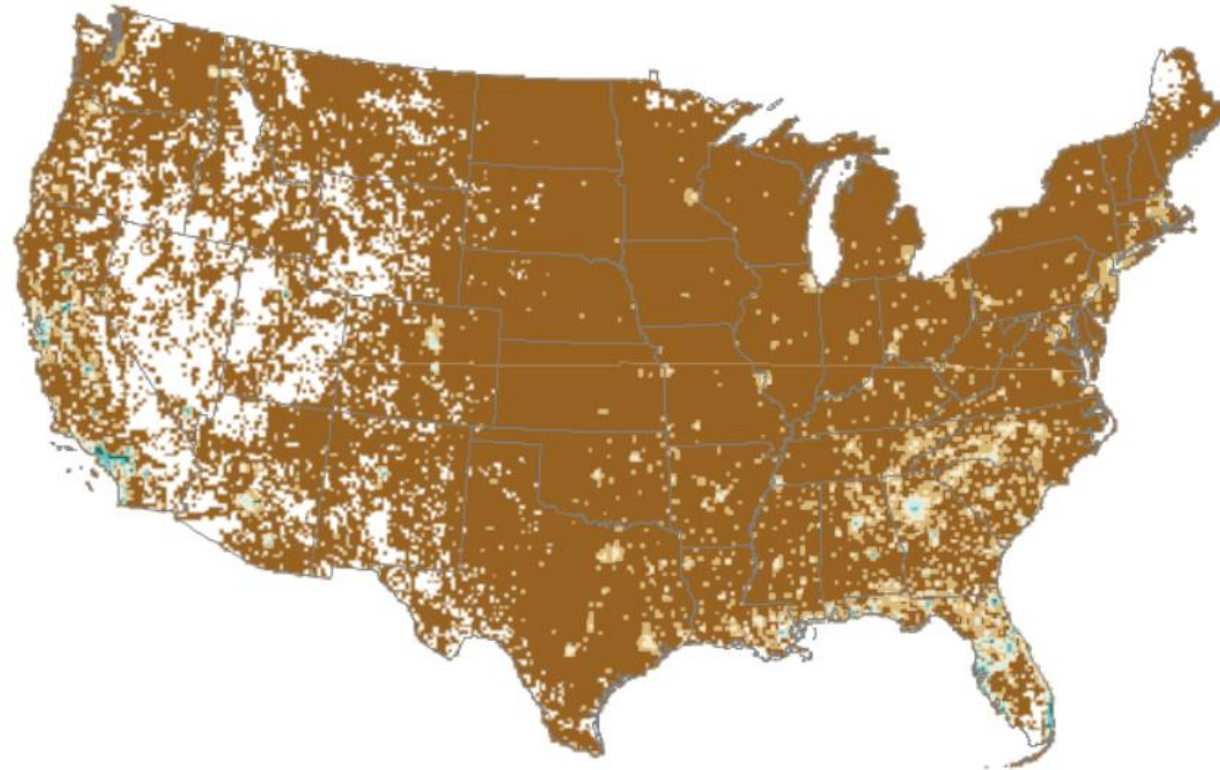
Collaborations allow for better communication, knowledge transfer and feedback on effectiveness of programs.





# Thank you!

[www.epa.gov/benmap](http://www.epa.gov/benmap)



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